

☐ NEW PARTICIPANT

☐ PREVIOUS PARTICIPANT

**TUCSON CHALLENGE
REGISTRATION/WEIGH-IN SHEET**

NAME:	DATE OF BIRTH:	GENDER:
SITE OF WEIGH-IN: UMC/DUVAL _____ OTHER _____	TEAM NAME: TEAM LEADER:	
ADDRESS:		

Are you currently receiving Tucson Challenge emails? YES NO

CITY:	STATE:	ZIP:
EMPLOYER/ ORGANIZATION:	<u>IF NO, PLEASE PRINT YOUR EMAIL ADDRESS <i>LEGIBLY</i>:</u>	
HEIGHT: <input type="text"/> FT <input type="text"/> IN	WEIGHT IN LBS: _____ LBS	
T-SHIRT SIZE: S M L XL XXL XXXL	Registration fee paid? <input type="checkbox"/> Check <input type="checkbox"/> Cash Single <input type="checkbox"/> Family <input type="checkbox"/> Are you paying for another participant/has someone paid for your registration? If so, indicate who: Name: _____ Amt Pd _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash Are you a PacifiCare member? <input type="checkbox"/> <i>**Make check out the University of Arizona**</i>	
Notes:		

Waiver of Liability: In consideration of your acceptance of my participation form, I, for myself, my heirs, my executors and administrators, hereby waive any and all rights and claims for loss or damage I may have against the City of Tucson, the University of Arizona, any and all persons, entities, or organizations associated with the Tucson Challenge, and any employees, officials, agents, successors or assigns of the above-named entities or organizations and will hold them harmless for any and all loss or damage, including but not limited to personal injury, incurred in connection with the Tucson Challenge program.

Assumption of Risk: I acknowledge that I should contact my personal physician about potential health risks associated with my participation in the Tucson Challenge and that I should receive physician approval prior to participating in the Tucson Challenge program. I assume the risk for any medical problems including illness or injury that may develop or worsen as a result of my participation in this event and waive and release all the parties listed above from any liability therefor.

SIGNED _____

DATE: _____